



State of Utah
Department of Workforce Services
MASTER APPLICATION

The purpose of the Master Application is to have all of your contact information, education, and skills in one document. Use this document to assist you in completing employment applications.

1. Applicant information

Name: _____
Last First Middle Initial

Address: _____
Street address City

State Zip

Home phone: _____ Cell phone: _____

Email address: _____ Are you a veteran? ☐ Yes ☐ No

Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☐ No

If yes, please explain: _____

2. Employment interest

List the positions you are interested in by specific title (typist, carpenter, auto mechanic).

1st choice: _____ 2nd choice: _____

Have you investigated the career assessments at <https://utahfutures.org>? ☐ Yes ☐ No

Available to work: ☐ Full time ☐ Temporary ☐ Part time ☐ Shift work

Date you can start: _____ Desired salary: _____

3. References (Persons not related to you whom you have known at least one year.)

Name	Address	Telephone/Business/ Occupation
Professional		
Personal		

4. Work History: List your three most significant employers, present or most recent. You may attach a supplemental sheet or résumé. Include military service, if applicable.

Employer: _____

Dates of employment from: _____ to: _____

Address: _____
Street address City State Zip

Supervisor's name: _____

Supervisor's phone: _____ Email address: _____

Salary starting: _____ Salary ending: _____ May we contact this employer? ☐ Yes ☐ No

Job title, responsibilities and duties: _____

Reason for leaving: _____

Employer: _____

Dates of employment from: _____ to: _____

Address: _____
Street address City State Zip

Supervisor's name: _____

Supervisor's phone: _____ Email address: _____

Salary starting: _____ Salary ending: _____ May we contact this employer? ☐ Yes ☐ No

Job title, responsibilities and duties: _____

Reason for leaving: _____

Employer: _____

Dates of employment from: _____ to: _____

Address: _____
Street address City State Zip

Supervisor's name: _____

Supervisor's phone: _____ Email address: _____

Salary starting: _____ Salary ending: _____ May we contact this employer? ☐ Yes ☐ No

Job title, responsibilities and duties: _____

Reason for leaving: _____

5. Education and training

Last high school attended (Name): _____

Last high school attended (Location): _____

Graduated or GED ☐ Yes ☐ No If no, indicate highest grade completed (1-12): _____

College, business, trade schools

Name	Location	Major	Dates attended	Degree/Certificate

Military service

Dates of service	Discharge status	Duties and specialty training in military

Licenses and certifications

Type	License number	Expiration

Special training/seminars workshops

Name of training or workshops	Location	Dates attended	Degree/Certificate

Honors/awards/accomplishments

Name of organization awarding	Location	Dates attended	Degree/Certificate

Special job skills (words typed per minute, team player, self-starter, languages, computer hardware/software, machines/equipment):

6. Volunteer work (paid or unpaid training, internships, externships, apprenticeships, organizational memberships, or community involvement)

Organization: _____ **Dates from:** _____ **to:** _____

Address: _____
Street address City State Zip

Email address: _____ **Phone:** _____

Title, responsibilities, and duties: _____

Reason for leaving: _____

Organization: _____ **Dates from:** _____ **to:** _____

Address: _____
Street address City State Zip

Email address: _____ **Phone:** _____

Title, responsibilities, and duties: _____

Reason for leaving: _____

Organization: _____ **Dates from:** _____ **to:** _____

Address: _____
Street address City State Zip

Email address: _____ **Phone:** _____

Title, responsibilities, and duties: _____

Reason for leaving: _____

7. Career Goals

Short term occupation goals (6-12 months): _____

Long term/retirement goals (5-10 years): _____

Educational goals: _____

Equal Opportunity Employer Program

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162